# A Family Therapist Looks at the Problem of Incest

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The judiciary and most psychotherapists handle the problem of incest between father and daughter as a problem arising primarily from the weakness of the father, conventionally considered to be an ego and superego defect. Traditionally, investigations of such cases have included no evaluation of the whole family to rule out disorders of the family system which could lead to incestuous behavior. Under this tradition, after a psychiatric and psychological evaluation of the fathers alone, the courts put the fathers in prison or on probation with or without psychiatric treatment.

The view of the father as the only disturbed member of the family in such a situation could go a long way in support of familial distortions. For example, it helps other family members deny their contributions to the problem. It is clear that this view results in a disposition which does not take cognizance of family interactions and dynamics and too often leads to an unnecessary family break-up.

Family therapy as a treatment modality was not included in reviews of treatment of sexual offenses in the 1960's. This is surprising, since family therapy had been successfully applied to many behavioral disorders during the two decades of the 1950's and the 1960's. Considering that the sexual relationship is an important function of marriage, one should logically expect a look at marriage in cases of manifest sexual disorders.

A few general points need to be stated in order to clarify the theoretical position of the family therapist. Family therapy does not consider the behavior of a person as arising primarily from sources within the individual. It contends that forces within the family motivate adaptive and unadaptive behavior on the part of the family member. Developments in the past two decades indicate that a family member may develop a behavioral symptom in order to elicit a supportive response from his spouse, and thereby change their relationship in a direction more desirable to him. The symptom in a family member can also be a product of how he is being involved or used in the conflict of other family members (Ackerman, 1958; Haley, 1963; Sholevar, 1970). In the latter case, a child may develop a symptom as a result of conflict between his parents.

These theoretical views carry certain implications for technique. The patterns of interaction within the family are often poorly understood or frequently entirely unrecognized by individual family members. Therefore, to rely exclusively on verbal reports by family members of family interactions is to be too easily misled and deprived of essential data in the treatment process (Ackerman, 1958; Nagy, 1965). Accordingly, it is necessary to work with the whole family to observe interaction and personal transactions in order to evaluate the strengths and conflicts within the family as they unfold in the treatment process.

An illustration of dynamics in a family with sexually offensive behavior is given by the late Dr. Nathan Ackerman in his book *Treating the Troubled Family* (1966). It is a verbatim account of an interview with a young couple after the husband had been arrested for exhibiting himself in public. The wife had responded to the incident with indignation, a feeling of "shock" and a wish to desert her husband.

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In the family treatment, it was learned that the couple had not been able to have sexual intercourse during their six years of marriage. The couple had many fears, immaturities and inhibitions regarding sex. The wife's fear of intercourse and pregnancy had resulted in her making it impossible for her husband to penetrate her. The husband then sought reassurance of his masculinity by exposing himself publicly. Here the internal and interpersonal conflicts of the couple had remained unresolved and had resulted in conflict between the family and the social community.

In the interview, Dr. Ackerman dealt with all levels of sexual conflict within the family, from their internal conflicts about their sexual roles to marital and interpersonal conflicts which had resulted in an unconsummated marriage. He helped the couple to deal with their conflict on the intrafamilial level rather than to displace it outward through the husband's actions to the level of clash between the family and society. A few weeks following this family session, the couple succeeded in having their first sexual intercourse after six years of marriage.

This case is an instructive example of how the defensive maneuvers of the family, in the attempt to contain a conflict, bring the family into conflict with society. It also illustrates how easily the wife declares herself innocent and her husband guilty, and expresses the wish to leave him. The latter point is also a significant finding and we will return to it later.

## Data and Scope

It is the goal of this report to make observations supporting the possibility of a relationship between overall family interactions and the incestuous involvement of family members.* The report presents data on three lower-middle-class black families who were brought into court when the fathers were convicted of sexual involvement with their daughters or stepdaughters. All three involvements had resulted in the daughters' becoming pregnant. The fathers were enrolled in individual or group psychotherapy on order of the court, but there were joint interviews with the men and their wives because of the interest of the author.

CASE 1: The J. family consisted of Mr. and Mrs. J. and three children. Mrs. J. was raised on a farm by strict parents who did not send her to school and did not give her any sexual information or education. The parents accompanied her and her sister to the "outhouse" even when they were grown up, so that boys did not have a chance to approach them. Mrs. J.'s parents were an unhappy couple and her mother constantly nagged her father. Mrs. J. did not know about the relationship between menstrual periods, sexual intercourse, and pregnancy until she became pregnant out of wedlock. She gave birth to her oldest daughter, Gail, at the age of seventeen. Mrs. J. married when Gail was three years old. Mrs. J. was very unhappy, resented the sexual relationship, and was cold and rejecting toward her husband's sexual advances, particularly after their frequent fights.

Mrs. J. "discovered" the sexual involvement of her husband and Gail when the daughter became pregnant by Mr. J. at the age of thirteen. Mrs. J. was working and was pregnant herself with her second child at this time. Gail was sent to her grandmother and the grandmother arranged for an abortion. The incest was not brought to the attention of a psychiatric clinic or court, and the family reunited following Gail's abortion. Gail kept walking around the house nude and the mother continued her denial of Mr. J.'s attraction to her daughter. In all likelihood, there were continued incidents of sexual intercourse between Gail and her stepfather during the three years

* Incest has been previously recognized as a "family affair" and described in literature by J. W. Mohr *et al.*, M. Lewis *et al.*, I. Kaufman *et al.*, R. E. L. Masters (ed.), J. W. Rinehart, I. B. Weiner and D. Langsley *et al.* in the 60's.

following her abortion. At the end of this period, the mother found Gail and Mr. J. in bed together. She put her daughter in the Youth Study Center and brought charges against her husband. At this time, Mrs. J. was pregnant for the third time. A few months later, the couple separated and the mother brought Gail home.

Some years later, Mrs. J. contacted a child psychiatric clinic, wishing to put her 12-year-old son away because of his destructive behavior and fecal soiling. (She also thought her son's penis was deformed; the trouble was actually a slight adhesion.) She thought her ex-husband had put "roots" on her. She was angry, depressed, and socially isolated, had no contact with men and disliked them. At times, she felt she had done her husband wrong, and wished she had kept her husband and put her daughter away. Her oldest daughter, Gail, was just married and was running around with other men (while mother was babysitting for her). The youngest daughter (aged 4) was doing well.

In spite of the lessening of his symptoms of fecal soiling, constipation, and aggressive behavior, Mrs. J. insisted on institutionalizing her son for the protection of the boy. The mother did not want to have her son at home on weekends, and the infrequent home visits were joyless—the mother and son remained distant. Their relationship was only partially modified after two years of institutionalization.

CASE 2: The K. family consisted of Mr. and Mrs. K., in their thirties, and a fifteen-year-old-daughter. Their marriage was characterized by the couple's complete inability to settle their differences by making compromises. Their many fights were followed by Mrs. K.'s rejection of the repeated sexual demands of her husband when in bed. The wife found an easy solution for this problem by putting her daughter in bed between herself and her husband, since the daughter was seven or eight years old. This stopped her husband from forceful demands while the wife refused him sexually, and it undoubtedly exposed the daughter to much sexual stimulation at the same time.

When the daughter was 12 years old, Mr. K. had to make several trips to another state to visit his dying father and later to participate in his funeral. The trips drained the family savings and put them into debt. The financial problems further damaged the marital relationship, particularly when Mrs. K. was forced to take a job. She then absolutely refused to have sexual intercourse with her husband. She stayed out at night or returned home late. Mr. K. started running around with other women and drinking, but still missed his wife. It was during this period that Mr. K. became sexually involved with his twelve-year-old daughter while his wife was staying out. The daughter became pregnant and the wife brought charges against her husband. She wanted to leave him, but eventually decided to stay with him. The daughter received an abortion. Mr. K. was put on probation with mandatory psychiatric treatment. Mrs. K. did not undergo any psychiatric treatment, although she was very embarrassed about the situation.

CASE 3: The P. family consisted of Mr. and Mrs. P., in their mid-thirties, and a sixteen-year-old daughter. Mr. P. was a steady worker and Mrs. P. was a fanatically religious woman. Their marital dissatisfaction was readily apparent. Mr. P. urgently demanded much affection from his wife, who gave all her time and attention to the church. The rejecting attitude of Mrs. P. was most apparent when her husband made sexual demands, which she rejected as dirty and inappropriate. Her rejection was more than ordinarily difficult for her husband, who had such a strong sexual drive that once he had to stop his car on the shoulder of a highway to achieve sexual relief by masturbation. Later, the husband became interested in cunnilingus intercourse, but the idea was met with absolute refusal on his wife's part. The sexual rejection by Mrs. P. and her frequent absences from the home resulted in sexual involvement of the angry and dissatisfied father with their daughter, who was thirteen years old at the time. She became pregnant and the father was put on probation with mandatory psychiatric treatment. The daughter's pregnancy was terminated by abortion.

The couple's sexual difficulties continued, much to the distress and frustration of

Mr. P. Since the husband was the labeled offender and criminal, the wife felt justified in refusing to participate in marital therapy. She continued to be absent from home frequently and for a few days at a time, knowing well her husband's strong sexual desires and the possibility of repetition of what had happened in the past. At these times, Mr. P. required frequent support from a psychiatrist in order to prevent himself from involvement with his daughter.

When the daughter was fourteen and a half, she became pregnant by a man who was doing some work in their home. The pregnancy was not discovered until the girl was six months pregnant. Mr. P. was furious and wanted to shoot the man; Mrs. P. just wanted her daughter out of the house. Much support was needed to prevent Mrs. P. from rejecting her daughter completely, and the daughter was placed in a hospital for unwed mothers. The marriage continued with sexual dissatisfaction and the wife's absorption in church activities. The mandatory treatment had been finished when Mr. P. and his daughter resumed the sexual relationship, resulting in the daughter's third pregnancy at the age of fifteen. Mr. P. was imprisoned and Mrs. P. continued with her volunteer church activities.

## Discussion

A careful look at these families casts some doubt on the conventional view of the incestuous family. Such a view indicates that the father is a sexually dangerous and aggressive animal who seduces his innocent daughter in many clever and hideous ways which cannot be detected by an attentive and solicitous mother whose only goal is the protection of her daughter against sexual molestation. A more likely picture might include a couple with long-standing difficulties in attaining sexual adjustment and satisfaction. In the above cases, the husbands were men who became overwhelmed by adult wives who resisted them in an unreasonable manner. Left with their strong sexual urges, they could not find an appropriate way for discharge. The wives were sexually cold toward their husbands or had a general contempt for men. The solicitousness and protectiveness of the mothers for their daughters were questionable. The mothers had gone out of their way to leave their husbands and daughters alone, being well aware of the possibility of repetition of past events. They were also aware of the sexual dissatisfaction of the fathers and of their anger. The fact that incestuous relationships were reported only after the daughters' pregnancies raises a question about the mothers' genuine interest in the welfare of their children. The pregnancies were also discovered too late for abortion in two instances. One would expect an interested mother to discover the pregnancies earlier.

In the P. family, the mother had taken no protective measure against her daughter's involvement with a man outside the family. In a similar case of incest brought to the attention of the court, the wife was to leave home to visit a relative. The husband threatened to get the daughter intoxicated with wine and have sexual relations with her if the wife left home. When the wife left, he gave the daughter some wine, took her to the bedroom and removed her panties. The girl's resistance and screaming brought some people upstairs to her rescue before completion of the sexual act (there had probably been prior incestuous involvement in this family).

The mothers seemed much more committed to pursuing their own desires and wishes than to protecting their daughters or satisfying their husbands' needs. This was clear in the P. family when Mrs. P. spent much of her time establishing new churches, thereby leaving her daughter and her husband alone. Here again the mother covertly encouraged the incestuous act. Mrs. K. was also more concerned with avoiding the sexual advances of her husband toward herself than with protecting her daughter, who slept in the same bed with her father in an empty house. These examples also illustrate the great sensitivity of the men in incestuous families to abandonment by their wives.

A long-standing, unsatisfactory marital relationship was the rule. Although dissatisfaction was pronounced in the sexual area, it was present in all aspects of the marital relationships. The differences and disagreements were never settled to the point of solution and satisfaction. After disagreements, each partner went his own way without consulting the other. The following examples illustrate the degree of unrelatedness of such couples.

The E. family were in their 20's. The wife did not enjoy the sexual relationship and the husband felt guilty for her lack of sexual enjoyment. The wife did not want to become pregnant, but they could not decide on a contraceptive device and practiced withdrawal before ejaculation. The husband intentionally made her pregnant by not withdrawing, which infuriated her. After the child was born, she refused to take care of the baby and remained negative toward their child.

The wife in a Catholic family rejected her husband's frequent sexual advances because of fear of pregnancy, while refusing to use contraceptive devices, which were against her belief. The opinion and the wish of the husband did not matter, and there was eventual involvement with their young daughter. Episodes such as running high bills on a secret charge account rather than planning the budget of the family were also present.

The role of the daughters or stepdaughters in incestuous families is poorly understood. The possibility of active involvement of the victim in an incestuous act needs to be studied. The failure of the daughters to reveal the involvement may be related not to fear of punishment by the father, but to other factors, such as their own pleasure or the belief that the mothers would not listen to them. Most of the daughters had great empathy for their fathers. They felt that their mothers were depriving the fathers and that they had to compensate for what the fathers were not receiving; they felt that by sexual compensation, the fathers' social functioning could be restored.

Apparently, such daughters develop exaggerated seductiveness and precocious sexuality which fit and serve a function in the defective marital relationships of their parents. Some of these daughters show a strong tendency to repeat the same action and relationship in future situations. In the P. family, the daughter became involved with and pregnant by a married man in the neighborhood who did some work in their home. In another family, the teenage daughter and her father were involved in frequent and regular sexual relationships but the "mother did not want to hear about it." Eventually, the conflicts heightened and the girl was thrown out of the house. The next-door neighbors felt sorry and took her in, but in a few days it was discovered that the neighbor's husband and the daughter had become involved sexually and she had to leave the neighbors' house.

The use of the daughter in the family conflict results in an age-inappropriate and unadaptive behavior, with some daughters claiming the rights of a grown woman, particularly their exclusive rights to have and keep their babies.

In the group therapy experience of the author, it is not an uncommon phenomenon to see a young woman, usually one who has many difficulties with her husband, shock the group by revealing her protracted sexual relationships with her father in her childhood. She then proceeds to dominate the group by repeatedly diverting it from all other topics to speak of these incidents in a seductive and shocking manner. Usually, these women have revealed their early experiences to their husbands early in marriage and later use their histories in order to keep themselves in a special position. For example, one demanded that her husband leave her alone sexually because she could not enjoy sex due to her early experience, although she was very seductive with other men.

The substitution of daughter for mother as a sexual object seems to be a function of poor differentiation in incestuous families. In this way, they are similar to what Murray Bowen describes as "undifferentiated ego mass families." Lack of clarity of roles, function and position make these families particularly susceptible to such substi-

tution. Together with poor differentiation goes a low level of functioning, particularly the inability to deal with strong feelings without relative weakening of reality testing in a specific area. As Bowen points out, the feelings run high in poorly differentiated families due to lack of necessary structures, and this clouds the boundaries in the family picture. When the incestuous families are faced with mounting sexual desires and heightened anger following departure of the mother, the undifferentiation increases and the daughter appears sufficiently similar to the mother to substitute for her as a sexual object.

It is doubtful if many incestuous families make an attempt to consult an outside agency such as clergy, marriage counselor or mental health facility in order to change their conflictual patterns of living. They seem particularly reluctant to bring an outsider in on their problems. Clinically, there seem to be two extreme groups in dysfunctional and symptomatic families. The extreme group on one side attempts to cure all their ills by bringing in outsiders; the views of members of the family have little significance. Such families can be involved with many agencies, neighbors, clergy, etc. The group at the opposite extreme attempts to cure their ills by expulsion of a family member. The latter usually blame one of the members as the exclusive source of conflict in a scapegoating manner and seek relief by expulsion of such a member. The expulsion can be in the form of institutionalization in a therapeutic or correctional facility, or family estrangement through banishment. It appears that "expulsive families" strive toward a more normal balance by limiting the size of their membership and extruding the member they view as the weakest link in the chain of membership. Such families can be very resistant to the entry of an agent of change such as a therapist.

It is highly possible that incestuous families belong to this "expulsive group" of families. For example, banishment and estrangement of the family in the J. family was later followed by institutionalization of the son. Mrs. J. insisted on putting her son away and did so in spite of the symptomatic improvement of his constipation, soiling and aggressive behavior. These families do not voluntarily ask for assistance from outside and participate in treatment only under pressure from the court. For example, Mrs. P. did not discuss any of her problems with her minister despite the protracted time they spent together. If it is indeed a characteristic of these families to deal with family conflicts by expelling a family member, the action of the court in sending the father to prison will perpetuate the family conflicts rather than promote a healthy alliance of the members. Even in the case of immediate relief, it can result in transfer of symptoms to another family member, as in the development of soiling and aggressive behavior in the son in the J. family. Expulsion of the father also did not prevent the involvement of the daughter with another man in the P. family.

## Conclusion

Like other symptoms, incestuous behavior can develop when the coping mechanisms of the family can no longer manage family conflicts without violating the continuity of the system. Thus, in one sense, the incestuous behavior is an expression of the family's efforts to solve its problems and to create a new state of equilibrium with a more manageable level of dissonance. But like all primarily defensive behavior, it rarely achieves an enduring pattern of wholesome social balance in the family. This is because the family continues with its defective relationships and erratic communication, further burdened by the consequences of incestuous behavior.

This report does not intend to make generalizations about the dynamics of incestuous families. Such formulations can be proposed only after systematic and controlled studies of a variety of such families have been made in conjoint sessions to observe the subtle interactional processes between family members. This paper has limited itself to presenting data from a few lower-middle class families with overt incestuous involvement.

The three cases described above, like most cases of incest, were brought to the attention of the community only after the daughters had become pregnant. This raises the point that many incestuous relationships go unreported due to the absence of pregnancies which will force them into the open. The paper questions the working assumption of the judiciary and many psychotherapists that the incestuous act is the result of shortcomings in the personality structure of the father. We believe that more attention should be paid to the overall relationships between family members in order to understand the multiple forces resulting in incestuous behavior.

It is therefore recommended that courts and mental health centers request assessment of the whole family in conjoint family sessions in place of or in addition to individual assessment of the father. This process will provide a broader picture of the situation and can prevent inadvertent siding with the destructive and unhealthy forces within the family. The courts should also be alert to their important roles and duties in dealing with the problem of incest. If it is a property of such families to resist involvement in treatment, it is the court alone which is in a position to request mandatory family assessment and treatment.

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